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# Maternal Caregiving Ameliorates the Consequences of Prenatal Maternal Psychological Distress on Child Development

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#### **Abstract**

Children exposed to prenatal maternal psychological distress are at elevated risk for a range of adverse outcomes; however, it remains poorly understood whether postnatal influences can ameliorate impairments related to prenatal distress. The current study evaluated if maternal care could mitigate child cognitive and emotional impairments associated with prenatal psychological distress. Prenatal maternal psychological distress was assessed (anxiety, depression, and perceived stress) for 136 mothers at 5 prenatal and 4 postpartum time points. Quality of maternal care (sensitivity to nondistress, positive regard and intrusiveness reverse-scored) were assessed during a mother-child play interaction at 6 and 12 months. Child cognitive function and negative emotionality were assessed at 2 years, using The Bayley Scales and the Early Childhood Behavior Questionnaire. Elevated prenatal distress was associated with poorer child cognitive function and elevated negative emotionality. Children exposed to elevated prenatal maternal distress did not, however, display these outcomes if they received high quality caregiving. Specifically, maternal care moderated the relation between prenatal psychological distress and child cognitive function and negative emotionality. This association remained after consideration of postnatal maternal psychological distress and relevant covariates. Sensitive maternal care was associated with altered offspring developmental trajectories, supporting child resilience following prenatal distress exposure.

#### **Keywords**

Fetal	programming;	maternal o	care; prenata	l stress;	resilience;	cognitive	function;	depressio	n;
parei	nting								

Fetal life is an exceptionally rapid period of neurological development, and is a time when the fetus is highly susceptible to both beneficial and harmful environmental influences (Barker, 1998). Prenatal maternal psychological distress is linked to profound and lasting consequences for developmental trajectories and increases risk for subsequent mental health

problems (Davis et al., 2007; Davis & Sandman, 2010, 2012; Demers et al., 2020; Glynn et al., 2018; Van den Bergh et al., 2017). The evidence that prenatal maternal stress and mental health has long reaching implications for offspring psychopathology raises the need to investigate factors that can reduce or eliminate the consequences of prenatal adversity. High quality parental caregiving is a likely factor that may increase resiliency in the face of prenatal adversity (Davis et al., 2019; Kok et al., 2015; NICHD Early Childcare Research Network, 1999). The current study addresses an important knowledge gap by investigating whether high quality maternal caregiving during infancy ameliorates the consequences of prenatal maternal distress on child cognitive and emotional development, thereby shifting trajectories of risk towards more optimal mental health.

Fetal programming research illustrates that children exposed to maternal psychological distress (e.g. anxiety, depression, and stress) during pregnancy have poorer cognitive function and elevated negative emotionality during infancy, childhood, and adolescence (Blair et al., 2011; Glynn et al., 2018; Korja et al., 2017; Madigan et al., 2018; Mahrer et al., 2019; Sandman & Davis, 2010; Van den Bergh et al., 2005, 2017). Importantly, these prospective and longitudinal studies document the predictive importance of prenatal distress on child outcomes, even after covarying potential confounders, including postnatal maternal psychological distress. Further, an independent line of research focusing on postnatal experiences reports that sensitive and responsive maternal care is associated with benefits for child cognitive and emotional development, as well as adult psychological health (Davis et al., 2017; Deans, 2018; Fan et al., 2014; Farrell et al., 2019; Malmberg et al., 2016; Spinrad & Stifter, 2002). Maternal caregiving during the first year postpartum may be especially important, because this is a sensitive window for mother-infant relationship development (Ainsworth, 1979; Feldman, 2007).

Although the opportunity to assess the joint contributions of prenatal and postnatal experiences are rare in human research, and often are limited by a lack of objective assessment of maternal behavior (Sharp et al., 2012, 2015), experimental research with animals shows that high quality maternal care can compensate for exposure to prenatal maternal stress. Specifically, the adverse effects of prenatal maternal stress on offspring cognition, emotion stress regulation, and brain development can be prevented with experimental manipulations of maternal quality of care (Bogoch et al., 2007; Lemaire et al., 2006; Raineki et al., 2014; Wakshlak & Weinstock, 1990).

Several studies with clinical populations have tested the benefit of sensitive, responsive care on human infant development. Among mothers with an anxiety or a depression diagnosis during pregnancy, high quality of maternal care is associated with a reduction in the correlation between prenatal maternal mental health and offspring cortisol regulation at 4 months (Kaplan et al., 2008), on negative affect responses to still-face at 7 months (Grant et al., 2010a), and on Bayley cognitive development scores at 7 months (Grant et al., 2010b). In addition to the relatively small sample sizes of these studies (ranging from 47 to 84), limitations include reliance on assessment of a single diagnostic category (i.e., diagnoses of anxiety or depressive disorders; Grant et al., 2010a, 2010b; Kaplan et al., 2008). Reliance on a single timepoint assessment as well as diagnostic cut offs in a single disorder may not fully capture fetal exposure to maternal psychological distress for several

reasons. First, there is compelling evidence that maternal distress across the spectrum and including in the non-clinical range is linked to child outcomes (Davis & Sandman, 2012; Glynn et al., 2018; Kingston et al., 2012; Krueger & Markon, 2006; Lee et al., 2007). Second, women frequently experience comorbidity of stress and internalizing symptoms from multiple disorders all of which may impact the fetus (Falah-Hassani et al., 2016; Glynn et al., 2018). For these reasons, it is important to assess prenatal exposure to maternal anxiety, depression and stress multiple times during gestation to create a reliable index of exposure to multiple types of maternal distress over the entire course of gestation and then evaluate the compensatory benefit of maternal care.

A recent study, that addressed these limitations, reported that high levels of maternal positive engagement at ages 2.5 to 5 years alleviated the cognitive delays associated with prenatal maternal distress and suggested that parental care may be an important target for intervention (Schechter et al., 2017). The present study extends the findings by Schechter et al. (2017) in two important ways. First, by assessing maternal care during the first postnatal year (6 and 12 months), a sensitive widow for attachment formation, this study assesses a potential target for early intervention. Second, the current study assesses both child cognitive function and negative emotionality, two important indices of early child development. Specifically, the current prospective research characterized maternal psychological distress (anxiety, depression, and perceived stress) across five gestational intervals and four postpartum time points. This approach was used to address the question: Does the quality of maternal care mitigate the link between prenatal exposure to maternal psychological distress and child cognitive function and negative emotionality?

#### **Methods**

#### **Participants**

Study participants included 136 mothers and their children (79 male, 57 female) participating in a longitudinal study evaluating the role of early experiences on development. Pregnant women were recruited from a large university medical center in Southern California. At recruitment, inclusion criteria were: (1) adult (18 years of age), (2) English-speaking, and (3) intrauterine, singleton pregnancy. Exclusion criteria at recruitment were: (1) presence of uterine or cervical abnormalities, (2) conditions such as endocrine, hepatic, or renal disorders, or use of corticosteroid medication, and (3) self-reported abuse of tobacco, alcohol, or recreational drugs in the pregnancy. An additional postnatal inclusion criterion for the current study was gestational age of 34 weeks or greater at birth. Descriptive information for the sample is provided in Table 1. All mothers provided informed, written consent for themselves and their child as approved by the Institutional Review Board for Protection of Human Subjects.

#### **Procedures**

Measures of maternal psychological distress were collected at five time points prenatally and four time points postnatally. Maternal sensitivity was assessed at 6 and 12 months postpartum and child cognitive and emotional outcomes were evaluated at 2 years (see

Figure 1 for study timeline). Gestational and child ages at each assessment are presented in the Appendix Table 1. Appendix Table 6 shows missing data for each measure.

#### Measures

**Maternal Psychological Distress**—Maternal anxiety was assessed using the 10-item State Anxiety subscale of the State-Trait Personality Inventory (STAI; Spielberger, 1983). Maternal depressive symptoms were assessed using the 9-item short form of the Center for Epidemiologic Studies Depression Inventory (CES-D; Santor & Coyne, 1997). Generalized or non-specific perceptions of stress were assessed using the 12-item version of Cohen's Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). The internal consistencies of the three measures across time points were good (STAI  $\alpha$  = .87 - .90, CES-D  $\alpha$  = .85 - .88, PSS  $\alpha$  = .87 - .91 in the current sample). Mean levels of maternal depression, stress, and anxiety and distress composites at prenatal and postnatal time points are presented in the Appendix Table 2. The correlation between the three distress indicators and the pattern of association for anxiety, stress, and depression across pregnancy are presented in Appendix Tables 3-5.

Mean depression, perceived stress, and anxiety scores were standardized and averaged to create a composite prenatal distress and a composite postnatal distress score. This distress composite score was used an index of prenatal exposure to multiple distress indicators, in order to provide a test of the ability of postnatal maternal sensitivity to compensate for prenatal maternal distress exposure. Prior research has indicated that the composite of anxiety, stress, and depression throughout pregnancy consistently predicts child outcomes (Glynn et al., 2018; Howland et al., 2020).

**Quality of Maternal Care**—Maternal care was characterized in the present investigation using a maternal sensitivity index developed by the NICHD early Child Care Study comprised of three indicators (a composite of positive regard, sensitivity to nondistress, and intrusiveness reverse-scored) that is a potent predictor of numerous child development outcomes (NICHD Early Child Care Research Network, 1997, 1999, 2001).

Mothers were video-recorded interacting with their infants in a semi-structured 10-minute play episode in the lab at 6 and 12 months of age. During this play interaction, mothers were given a standard set of age-appropriate toys and told to play with their infants as they would at home. Maternal behavior was scored from video using a coding system developed for the NICHD Study of Early Child Care and Youth Development (Glynn et al., 2016; NICHD Early Child Care Research Network, 1999). Based on standard procedures, a composite rating of maternal sensitivity was created by summing 4-point ratings of sensitivity to nondistress, positive regard, and intrusiveness (reverse-scored). A composite maternal sensitivity score was calculated by averaging 6- and 12-month scores. All coders were blind to other data gathered on study participants. Twenty percent of sessions were selected at random, without coder knowledge, and coded again by a second independent coder to obtain an index of inter-rater reliability. Reliability for each of the subscales were: sensitivity to nondistress (90%), intrusiveness reverse-scored (90%), and positive regard (93%).

**Child Cognitive Function**—The Bayley Scales of Infant Development, 2<sup>nd</sup> edition (BSID-II) Mental Developmental Index (MDI) was administered to assess child cognitive function at 2 years of age (Bayley, 1993). Examiners were directly supervised by a clinical psychologist. Interrater reliability, calculated on 15% of the assessments at each age, was 93%.

Child Negative Emotionality—Child negative emotionality at 2 years of age was assessed via maternal report on the Early Childhood Behavior Questionnaire (ECBQ; Putnam, Gartstein, & Rothbart, 2006). Prior research demonstrates that the ECBQ Negative Affectivity scale at 2 years has demonstrated inter-rater reliability and longitudinal stability (Putnam et al., 2006). Within the current sample, the Negative Affectivity scale had excellent internal consistency ( $\alpha = .95$ ).

#### **Measurement of Covariates**

**Sociodemographic Characteristics**—Maternal socioeconomic status, age, cohabitation with child's father, and race and ethnicity were collected via maternal interview. Maternal socioeconomic status was calculated as the sum of standardized numbers of year of maternal education and standardized household income.

Pregnancy and Birth Outcomes—Maternal obstetric complications, parity, infant sex, birth weight, and 5-minute Apgar score were abstracted from the medical record. Estimated date of delivery was calculated utilizing both early ultrasound measures and date of last menstrual period based on ACOG guidelines, and used to assess gestational age at birth (Committee on Obstetric Practice, the American Institute of Ultrasound in Medicine, and the Society for Maternal-Fetal Medicine, 2017). An obstetric complications score was calculated, indicating the presence or absence of any pregnancy-related complications, including: prenatal infection, pregnancy-induced hypertension, gestational diabetes, oligohydramnios, polyhydramnios, preterm labor, anemia, vaginal bleeding, or placenta previa (Hobel, 1982).

**Maternal Intelligence**—Maternal intelligence was assessed at a subsequent visit via the Perceptual Organization Index (POI) of the Wechsler Adult Intelligence Scale (WAIS-III) once postnatally. The POI was a proxy of general intelligence, because it is highly correlated with the general factor g of intelligence (r= .94) (Deary, 2001). The WAIS and its subscales are widely used and valid measures of intelligence. Previous studies demonstrate the validity of the WAIS, as well as the reliability of the POI score (r= .93) (Wechsler et al., 1997). The WAIS-III was administered at a postnatal visit (M= 5.34, SD= 1.99 years post-delivery).

#### Statistical Analyses

**Sociodemographic and Obstetric Covariates**—Potential covariates were selected based on the literature (Blair et al., 2011; Polanska et al., 2017) and included infant characteristics (biological sex at birth, gestational age at birth, birthweight percentile adjusted for sex, and 5-minute Apgar score), as well as obstetric (obstetric health related factors, parity) and maternal characteristics (socioeconomic status, age, cohabitation with infant's father, race and ethnicity, and the WAIS, an index of intelligence). All regression

models included covariates associated (p<.10) with the child outcome. Thus, the following covariates were included in cognitive function analyses: maternal age, socioeconomic status, parity, cohabitation with child's father, maternal index of intelligence (POI), sum of obstetric risk, ethnicity (Non-Hispanic White or Latina), gestational age at birth (GAB), and child sex. Covariates included in negative emotionality analyses were maternal age, socioeconomic status, cohabitation with child's father, maternal index of intelligence (POI), and ethnicity (Non-Hispanic White or Latina). The correlations between all potential covariates, prenatal and postnatal distress, maternal sensitivity, and child outcomes are presented in Appendix Table 7.

Psychological Distress, Maternal Care and Child Outcomes—Initial bivariate correlations were performed to test whether prenatal and postnatal maternal psychological distress were associated with child outcomes, cognitive function and negative emotionality. The relations between the maternal sensitivity composite and child outcomes were also evaluated via bivariate correlation.

#### Moderation of Prenatal Psychological Distress by Maternal Caregiving-

Regression models tested the primary hypothesis that the maternal sensitivity composite moderates the relation between prenatal maternal psychological distress and child outcome. Continuous predictor variables were mean-centered in the regression model. Significant interactions were probed by calculating and plotting simple slopes. Finally, to test the potential contribution of postnatal maternal psychological distress, regression models included it as an additional covariate.

## Secondary Analyses: Assessment of Sex Differences, Individual Distress Indicators, and Timing and Subscales of Maternal Care

<u>Sex differences</u>: Secondary analyses were conducted in order to explore sex differences as follows 1) whether there are sex differences in the association between prenatal distress and child outcomes, 2) sex differences in the association between the maternal sensitivity composite and child outcomes and 3) whether the interaction between prenatal psychological distress and maternal sensitivity was moderated by child sex (three-way interaction).

<u>Individual distress indicators:</u> To test whether the maternal sensitivity composite moderated the effect of each of the three distress indicators, regression models were conducted separately for prenatal anxiety, stress and depression (see Appendix Tables 7-8).

<u>Timing and subscales of maternal care:</u> To evaluate whether care at 6 or 12 months was a more important moderator of prenatal distress (timing) interaction models were conducted with maternal sensitivity separately at 6 and 12 months (see Appendix Tables 9-10). Finally, to test the role of the individual subscales that comprise the sensitivity composite (positive regard, sensitivity to nondistress, and intrusiveness reverse-scored) in moderating the effect of prenatal maternal distress, moderation analyses were conducted separately with each of the three subscales (Appendix Tables 11-12).

#### Results

#### **Child Developmental Outcomes**

Descriptive information for the cognitive and emotional outcomes is shown in Table 1. Poorer child cognitive function was associated with higher child negative emotionality (r = -.32, p < .001).

#### Maternal Distress, Maternal Care and Child Cognitive Function

Elevated prenatal psychological distress composite was associated with poorer cognitive function (r = -.28, p = .001) and as shown in Appendix Table 5, the pattern of association was similar across the 5 gestational timepoints. Further, elevated postnatal psychological distress was associated with poorer child cognitive function at 2 years of age (r = -.26, p = .003). In contrast, a higher maternal sensitivity composite score was associated with enhanced child cognitive function (r = .47, p < .001).

## Does Postnatal Care Moderate the Relation Between Prenatal Psychological Distress and Child Cognitive Function?

The maternal sensitivity composite moderated the association between prenatal distress and child cognitive function even with the inclusion of covariates (b = 2.80, t(119) = 2.25, p = .027; see Table 2). As shown in Figure 2, children exposed to elevated prenatal maternal distress and low maternal sensitivity exhibited the poorest cognitive performance, but children exposed to higher prenatal maternal distress who then received sensitive maternal care did not display deficits in cognitive function. This association remained when *postnatal* distress was additionally included as a covariate (b = 2.78, t(118) = 2.22, p = .028; see Appendix Table 13a).

## Cognitive Function Secondary Analyses: Assessment of Sex Differences, Individual Distress Indicators, and Timing of Maternal Care

**Sex differences:** Secondary analyses revealed that child sex did not moderate the effects of prenatal psychological distress ( $\beta = 0.070$ ) or maternal sensitivity ( $\beta = 0.002$ ) on child cognitive function; additionally, the three-way interaction of child sex, prenatal distress, and maternal sensitivity was nonsignificant ( $\beta = 0.072$ ) (ps > .52).

**Individual distress indicators:** The moderating effect of sensitivity on prenatal anxiety ( $\beta = 0.143$ ), stress ( $\beta = 0.166$ ), and depression ( $\beta = 0.114$ ) examined separately yielded similar effect sizes (see Appendix Table 7).

**Timing and subscales of maternal care:** The moderating role of maternal sensitivity on child cognitive function was similar when maternal sensitivity was examined separately at 6 months ( $\beta$  = 0.181) and 12 months ( $\beta$  = 0.158) (Appendix Table 9). Additionally, the moderating effect of the individual subscales that comprise the sensitivity composite, including positive regard ( $\beta$  = 0.154), sensitivity to nondistress ( $\beta$  = 0.151), and intrusiveness reverse-scored ( $\beta$  = 0.022), revealed similar effect sizes (Appendix Table 11).

#### Maternal Distress, Maternal Care, and Child Negative Emotionality

Elevated prenatal maternal psychological distress was associated with higher child negative emotionality at 2 years of age (r= .28, p= .002), and as shown in Appendix Table 5, the pattern of association was similar across the 5 gestational timepoints. Elevated postnatal maternal psychological distress (r= .25, p= .005) was associated with higher child negative emotionality at 2 years of age. A higher maternal sensitivity composite score was associated with lower child negative emotionality (r= -.24, p= .008).

## Does Postnatal Care Moderate the Relation between Prenatal Psychological Distress and Child Negative Emotionality?

As shown in Figure 3, children exposed to elevated prenatal distress and who received high quality maternal caregiving exhibited low negative emotionality even after consideration of covariates (b = -0.11, t(109) = -2.01, p = .047; see Table 3). With the addition of postnatal maternal distress as a covariate this association remained statistically significant (b = -0.11, t(108) = -2.03, p = .045; see Appendix Table 13b).

## Negative Emotionality Secondary Analyses: Assessment of Sex Differences, Individual Distress Indicators, and Timing of Maternal Care

**Sex differences:** Secondary analyses revealed that child sex did not moderate the effects of prenatal psychological distress ( $\beta = 0.065$ ) or maternal sensitivity ( $\beta = -0.133$ ) on child negative emotionality; additionally, the three-way interaction of child sex, prenatal distress, and maternal sensitivity was nonsignificant ( $\beta = 0.104$ ) (ps > .29).

**Individual distress indicators:** The moderating effect of sensitivity on prenatal anxiety ( $\beta = -0.135$ ), stress ( $\beta = -0.136$ ), and depression ( $\beta = -0.165$ ) examined separately yielded similar effect sizes (see Appendix Table 8).

**Timing and subscales of maternal care:** The moderating role of maternal sensitivity on child negative emotionality was similar when maternal sensitivity was examined separately at 6 ( $\beta = -0.162$ ) and 12 months ( $\beta = -0.176$ ) (Appendix Table 10). Additionally, the moderating effect of the individual subscales that comprise the sensitivity composite, including positive regard ( $\beta = -0.083$ ), sensitivity to nondistress ( $\beta = -0.151$ ), and intrusiveness reverse-scored ( $\beta = -0.166$ ), revealed similar effect sizes (Appendix Table 12).

#### Discussion

Consistent with the fetal programing literature, we show that prenatal exposure to maternal psychological distress (anxiety, depression and perceived stress) is associated with child cognitive and emotional vulnerabilities (Buss et al., 2010; Davis et al., 2007, 2019; Davis & Sandman, 2010; Glynn et al., 2018; Kingston et al., 2012; Van den Bergh et al., 2017). Further, our findings are consistent with decades of research that have established the importance of parental care during sensitive periods, such as the first postnatal year, for promoting optimal developmental outcomes (Ainsworth, 1979). The present study provides new evidence that high quality maternal care during the first postnatal year

ameliorates the negative cognitive and emotional outcomes that follow exposure to prenatal maternal distress. These findings remained after considering potential confounding factors including SES, postnatal maternal distress, and maternal intelligence scores. These data indicate that consequences of fetal programming are malleable and that prenatal and postnatal experiences synergistically impact child development. Specifically, we find that high-quality caregiving can compensate for the impact of prenatal maternal distress by altering developmental trajectories and improving child mental health.

The present study addresses a key issue in the fetal programming literature by demonstrating that the consequences of prenatal exposures are modifiable by postnatal experiences. Our data are consistent with experimental rodent models that report manipulations of maternal care compensate for prenatal adversity (Bogoch et al., 2007; Lemaire et al., 2006; Raineki et al., 2014; Wakshlak & Weinstock, 1990) as well as studies showing that infants with a secure attachment relationship to their mother do not show behavioral problems following prenatal stress (Ali et al., 2020; Bergman et al., 2008). There are several important contributions of our project to the relatively small human literature evaluating whether maternal behavior towards her infant mitigates the consequences of prenatal stress (Grant et al., 2010a, 2010b; Kaplan et al., 2008; Schechter et al., 2017; Sharp et al., 2012, 2015). First, maternal distress was assessed repeatedly throughout gestation and we have shown previously that this composite measure of anxiety, stress, and depression symptoms predicts both cognitive and emotional outcomes through childhood and adolescence (Glynn et al., 2018; Howland et al., 2020). Second, we assessed a composite of maternal sensitivity twice during the first postnatal year, a sensitive window for attachment formation (Ainsworth, 1979). Thus, our design is a rigorous test of the hypothesis that high-quality maternal care can offset the impact of prenatal distress exposure after covarying for confounding factors including postnatal maternal distress. Third, we characterize both child cognitive and emotional function. Finally, these data provide evidence that infancy may be a sensitive window when maternal care can mitigate the consequences of prenatal maternal distress, thereby identifying a plausible target for early intervention following prenatal adversity.

Maternal care that is warm, sensitive and responsive to infant's signals (Ainsworth et al., 1978), may play a particularly important role in child neurodevelopment and long-term developmental outcomes (Malmberg et al., 2016; Spinrad & Stifter, 2002; Wang et al., 2019). Thus, it is highly plausible that high quality maternal care during the first postnatal year may alter neurodevelopmental trajectories following prenatal exposures towards more optimal outcomes. We show that maternal care at 6 and 12 months similarly moderated the association between prenatal maternal distress and child outcomes, suggesting that care throughout the first postnatal year may be important for ameliorating the impact of prenatal distress (Appendix Tables 9-10). The maternal sensitivity composite in the current study measured positive regard, sensitivity to nondistress, and intrusiveness reverse-scored, key aspects of maternal behavior the influence development. Findings suggest that all of these components of maternal sensitivity captured by this measure contribute to positive child development following prenatal maternal distress (See Appendix Tables 11-12). Future research could consider other aspects of positive parenting and paternal parenting behaviors that may ameliorate the impact of prenatal maternal distress.

There are a number of potential mechanisms by which prenatal maternal psychological distress may have consequences for child cognitive and emotional development, including alterations to fetal neurodevelopment (Sandman, Class, et al., 2015; Sandman et al., 2016; Schuurmans & Kurrasch, 2013; Wu et al., 2020). Animal studies demonstrate changes in offspring brain structure following prenatal stress exposure, such as reduced hippocampal volume and neurogenesis (Bogoch et al., 2007; Charil et al., 2010). Children exposed to prenatal maternal psychological distress show reduced gray matter volume and thickness in frontal, temporal, and limbic areas, as well as reduced total gray matter density (Adamson et al., 2018; Buss et al., 2010; Davis et al., 2019; Demers et al., 2020; Sandman, Buss, et al., 2015). Cross-species studies provide mechanistic evidence that dendritic atrophy may be a pathway by which prenatal maternal distress disrupts offspring brain development (Curran et al., 2017; Sandman et al., 2018). These neural systems impacted by prenatal exposures may be modifiable by high-quality postnatal maternal care. The first year postpartum continues to be a sensitive window of heightened neuroplasticity and rapid neural growth (Gee, 2016; Gilmore et al., 2018; Knickmeyer et al., 2008) and maternal care may modify developmental trajectories. Consistent with this possibility, high quality maternal care is associated with enhanced child hippocampal volume growth; this growth trajectory is further associated with improved child emotion regulation (Luby et al., 2017) as well as with greater child gray matter volume at 8 years (Kok et al., 2015). Experimental animal and cross species research provide strong evidence that maternal care directly impacts neural circuits underlying cognitive and emotional vulnerabilities that are impacted by prenatal maternal distress (Gee, 2016; Granger et al., 2021; Liu et al., 2000; Rao et al., 2010).

The current study has several limitations. Although the use of a community sample highlights the importance of subclinical variation in maternal psychological symptoms of distress, the range of observed maternal psychological distress and maternal sensitivity is constrained. Because of this, the current study may underestimate the associations among prenatal distress, maternal sensitivity, and child outcomes. We also cannot completely disentangle the role of genetic influences. However, evidence from experimental animal research consistently reports the effects of maternal care on offspring outcomes are independent from effects of genetics, and provides experimental evidence that maternal care can compensate for prenatal exposures (Francis et al., 1999; Liu et al., 2000).

Decades of research have confirmed the prenatal period as a time of enhanced responsivity to environmental input, when maternal psychological distress can have a profound influence on child development (Bush et al., 2017; Davis et al., 2007, 2018; Davis & Sandman, 2010, 2012; Doyle et al., 2015; Van den Bergh et al., 2017; Vehmeijer et al., 2019). Few studies have directly assessed processes that promote resilience following prenatal adversity (Atzl et al., 2019; D'Anna-Hernandez & Rivera, 2014; Davis & Narayan, in press; Rosand et al., 2011). Our findings, coupled now with those from Schechter et al. (2017), provide strong support for postnatal prevention and intervention efforts to reduce the consequences of prenatal adversity. Efficacious interventions exist to support the transition to parenthood, and the development of positive parenting skills (Bick & Dozier, 2010; Eshel et al., 2006; Nillni et al., 2018). Thus, interventions to promote maternal psychological health and sensitive, responsive caregiving has enduring benefits that could thus mitigate the life-long cognitive and emotional consequences of prenatal psychological distress.

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#### **Appendix**

#### **Appendix Table 1**

Mean Fetal/Child Age at Assessment

	P	renatal (	Gestation	nal Week	s)	]			)
Mean Fetal/Child Age				31.07 (0.89)					24.17 (0.41)

Values presented as Means (SD)

#### **Appendix Table 2**

Mean Levels of Maternal Depression, Anxiety, Stress, and Distress Composites Across Prenatal and Postnatal Time points.

		Pre	enatal (G	estationa	l Weeks)		Postnatal (Months)					
	15	19	25	31	36	Composite	3	6	12	24	Composite	
CES-	5.06	4.44	4.91	5.53	6.50	5.21	4.02	4.05	3.77	4.29	4.02	
D	(4.44)	(4.05)	(4.64)	(4.42)	(5.17)	(3.84)	(3.95)	(4.48)	(4.49)	(4.63)	(3.57)	
STAI	17.07	16.84	16.46	16.86	17.35	16.95	16.81	16.12	16.65	16.73	16.60	
	(5.34)	(5.25)	(5.27)	(5.39)	(5.71)	(4.56)	(4.68)	(4.98)	(5.31)	(5.51)	(4.19)	
PSS	11.39	10.45	10.53	10.31	10.96	10.72	10.83	9.93	9.86	10.81	10.40	
	(6.43)	(5.83)	(6.97)	(6.78)	(6.43)	(5.66)	(6.56)	(6.30)	(5.94)	(6.28)	(5.20)	

Values presented as Means (SD)

#### **Appendix Table 3**

Correlations between Prenatal Stress, Depression, and Anxiety Composites and Child Cognitive Function and Negative Emotionality

Variable	1	2	3	4	5
1. Depression Composite	_				
2. Stress Composite	.792**	_			
3. Anxiety Composite	.842**	.792**	_		
4. Cognitive Function	242 **	300 **	245 **	_	
5. Negative Emotionality	.259**	.315**	.210*	323 **	_

<sup>\*</sup> p < .05.

p < .01.

#### **Appendix Table 4a**

Correlations Between Depression (CESD) at Each Prenatal Timepoint, Prenatal Psychological Distress, Child Cognitive Function, and Child Negative Emotionality

Variable	1	2	3	4	5	6	7	8
1. CESD 15 wks	_	.746**			.533**		234 **	
2. CESD 19 wks	.746**		.669**	.654**	.575**	.811**	-0.137	.241 **
3. CESD 25 wks	.661 **	.669**		.579**				.274**
4. CESD 31 wks	.625 **			ĺ	.665 **			0.143
5. CESD 36 wks	.533 **			.665 **		.796**	207*	
6. Prenatal Psychological Distress	.792**	.811**	.815**	.774**	.796**		281 **	.281 **
7. Cognitive Function 2 yrs	234 **	-0.137	252**	214*	207*	281 **	_	323 **
8. Negative Emotionality 2yrs	.289**	.241 **	.274**	0.143	.227*	.281 **	323 **	_

p<.05.
\*\*
p<.01.

#### **Appendix Table 4b**

Correlations Between Anxiety (STAI) at Each Prenatal Timepoint, Prenatal Psychological Distress Composite, Child Cognitive Function, and Child Negative Emotionality

Variable	1	2	3	4	5	6	7	8
1. STAI 15 wks	_	.744**	.626**			.824 **	244**	0.165
2. STAI 19 wks	.744**		.620 **			.788**	-0.113	0.148
3. STAI 25 wks	.626**			.603 **	.679**	.796**	-0.167	.189*
4. STAI 31 wks	.637**				.719**	.792**		.257**
5. STAI 36 wks	.668**			.719**	_	.801 **	266**	0.143
6. Prenatal Psychological Distress	.824**	.788**	.796**	.792**	.801**		281 **	.281**
7. Cognitive Function 2 yrs	244 **	-0.113	-0.167	241 **	266**	281 **	_	323 **
8. Negative Emotionality 2 yrs	0.165	0.148	.189*	.257**	0.143	.281 **	323 **	_

<sup>\*</sup>p<.05.
\*\*
p<.01.

#### **Appendix Table 4c**

Correlations Between Perceived Stress (PSS) at Each Prenatal Timepoint, Prenatal Psychological Distress Composite, Child Cognitive Function, and Child Negative Emotionality

Variable	1	2	3	4	5	6	7	8
1. PSS 15 wks	_	.747**	.660 **	.706**	.630 **	.802 **	289 **	.323 **
2. PSS 19 wks	.747**	_	.696**	.707**	.625 **	.796**	220*	.307**

Variable	1	2	3	4	5	6	7	8
3. PSS 25 wks	.660**	.696**		.725 **	.690**	.816**	266**	
4. PSS 31 wks		.707**		_	.739**	.820**	260**	.334**
5. PSS 36 wks	.630**	.625 **		.739**	_	.786**	236**	
6. Prenatal Psychological Distress	.802**	.796**	.816**	.820**	.786**		281 **	.281 **
7. Cognitive Function 2 yrs	289 **	220*	266**	260**	236**	281 **	_	323 **
8. Negative Emotionality 2 yrs	.323**	.307**	.287**	.334**	0.134	.281**	323 **	_

<sup>\*</sup>p < .05.
\*\*
p < .01.

#### **Appendix Table 5**

Correlations for Psychological Distress at Each Timepoint

Variable	1	2	3	4	5	6	7
1. Distress 15 wks	_						
2. Distress 19 wks	.804**	_					
3. Distress 25 wks	.714**	.717**	_				
4. Distress 31 wks	.742**	.724**	.718**	_			
5. Distress 36 wks	.701 **	.666**	.722**	.776**	_		
6. Cognitive Function 2yrs	295 **	173*	251**	267**	263 **	_	
7. Negative Emotionality 2yrs	.300 **	.248**	.269**	.280**	0.161	323 **	_

<sup>\*</sup>p < .05.
\*\*
p < .01.

#### **Appendix Table 6**

#### Percent Missing Data for Each Timepoint

		Timepoint	N	% Missing Data
Depression (CESD)	Prenatal	15 weeks	125	11
		19 weeks	135	1
		25 weeks	135	1
		31 weeks	135	1
		36 weeks	98	38*
	Postnatal	3 months	128	8
		6 months	129	7
		1 year	128	8
		2 years	132	4
Perceived Stress (PSS)	Prenatal	15 weeks	131	5
		19 weeks	134	2
		25 weeks	135	1
		31 weeks	135	1

		Timepoint	N	% Missing Data
		36 weeks	129	7
	Postnatal	3 months	129	7
		6 months	131	5
		1 year	130	6
		2 years	135	1
Anxiety (STAI)	Prenatal	15 weeks	124	12
		19 weeks	135	1
		25 weeks	134	2
		31 weeks	135	1
		36 weeks	127	9
	Postnatal	3 months	129	7
		6 months	130	6
		1 year	130	6
		2 years	134	2
Maternal Sensitivity Composite		6 months	126	10
		1 year	125	11

<sup>\*</sup>Due to an administrative/data collection error, some participants were not administered CESD at 36 weeks

#### **Appendix Table 7**

Correlations between Sociodemographic Covariates, Prenatal Distress, Maternal Care, and Child Outcomes

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Gestational Age at Birth (GAB)		-0.082	0.156	192*	-0.051	0.052	-0.107	-0.065	-0.080	0.036	0.009	0.063
2. Maternal Age	-0.082		.589**	.190*	.197*	.316**	-0.045	.239**	279 **		0.160	-0.108
3. SES	0.156	.589**	_	203*	.353 **	.556**	-0.075	.250 **	323 **	-0.033	0.107	-0.027
4. Parity	192*	.190*	203*	_	0.123	297**	0.061	184*	.218*	0.073	0.033	0.073
5. Cohabitation	-0.051	.197*	.353**	0.123	_	0.159	-0.010	-0.020	0.045	-0.023	.184*	-0.097
6. Index of Intelligence (WAIS)	0.052	.316**	.556**	297**	0.159	۱	305 **		450**	-0.005	0.030	0.000
7. Obstetric Risk	-0.107	-0.045	-0.075	0.061	-0.010	305 **		235 **		-0.040	-0.060	0.011
8. Non- Hispanic White	-0.065	.239**	.250**	184*	-0.020	.364**	235**		655**	0.027	0.054	-0.046
9. Latina	-0.080	279**	323 **	.218*	0.045	450 **	.221 **	655 **	_	-0.106	-0.060	0.105
10. Child Sex (male)	0.036	0.145	-0.033	0.073	-0.023	-0.005	-0.040	0.027	-0.106	_	0.110	-0.075

Variable	1	2	3	4	5	6	7	8	9	10	11	12
11. Apgar Score at 5 min	0.009	0.160	0.107	0.033	.184*	0.030	-0.060	0.054	-0.060	0.110	_	-0.007
12. Birthweight Percentile by Sex	0.063	-0.108	-0.027	0.073	-0.097	0.000	0.011	-0.046	0.105	-0.075	-0.007	_
13. Prenatal Distress	-0.130	295 **	450***	-0.037	422**			0.031	-0.069	0.069	0.009	-0.007
14. Postnatal Distress	-0.156	206*	401 **	-0.010	301 **	191*	-0.094	0.086	-0.093	0.100	0.009	-0.045
15. Maternal Sensitivity Composite	.196*	.287**	.496**	352**		.461 **	-0.167	.253**	333**		0.017	-0.050
16. Cognitive Function	0.163	.238**	.500**	279**	.202*	.474**		.220*	329**		0.030	-0.019
17. Negative Emotionality	-0.101	298**	367**	0.098	197*	352**	0.105	355**	.331**	0.019	-0.016	-0.034

<sup>\*</sup> p < .05. \*\* p < .01.

# Appendix Tables 7-8: Analyses using Individual Distress Subscales (Depressive Symptoms, Anxiety Symptoms, & Perceived Stress)

#### **Appendix Table 7a**

Regression Models Examining the Association Between Prenatal Maternal <u>Depressive</u> <u>Symptoms</u> and Child <u>Cognitive Function</u>, Including Postnatal Maternal Depressive Symptoms

	Model 1: I	Model 1: Prenatal Depression			renatal Divity Com	epression posite	Model 3: Interaction		
Variable	В	SE B	β	В	SE B	β	В	SE B	β
Maternal Age	0.084	0.336	0.025	-0.020	0.335	-0.006	0.003	0.333	0.001
SES	2.147 <sup>†</sup>	1.158	0.224	1.748	1.157	0.183	1.834	1.152	0.191
Parity	-2.381	1.742	-0.119	-1.494	1.768	-0.075	-1.568	1.758	-0.078
Cohabitation with Child's Father	4.975	4.785	0.090	4.349	4.726	0.079	2.723	4.816	0.050
Index of Intelligence (WAIS)	0.185 <sup>†</sup>	0.096	0.194	0.161 †	0.096	0.169	0.145	0.096	0.152
Obstetric Risk	-1.812	2.836	-0.050	-1.692	2.796	-0.046	-1.768	2.780	-0.049
Non-Hispanic White	-1.495	3.220	-0.046	-1.689	3.176	-0.052	-2.145	3.171	-0.066
Latina	$-6.286^{\dagger}$	3.705	-0.177	-5.641	3.665	-0.158	-6.261 <sup>†</sup>	3.666	-0.176
Gestational Age at Birth (GAB)	0.871	1.023	0.067	0.644	1.014	0.049	0.540	1.011	0.041
Child Sex (male)	-6.490*	2.485	-0.196	-6.253*	2.452	-0.189	-6.360*	2.439	-0.192
Postnatal Depression	-0.310	0.523	-0.068	-0.300	0.515	-0.066	-0.334	0.513	-0.073

	Model 1: Prenatal Depression			Model 2: I and Sensit			Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Prenatal Depression	0.042	0.551	0.010	0.035	0.543	0.008	0.033	0.540	0.008	
Sensitivity Composite				2.615*	1.235	0.191	2.817*	1.235	0.205	
Prenatal Depression*							0.494	0.320	0.114	
Sensitivity Composite										
$R^2$	0.378			0.401			0.413			
F	6.085 ***			6.125 ***			5.923 ***			

B = unstandardized coefficient.  $\beta = standardized$  coefficient.

#### **Appendix Table 7b**

Regression Models Examining the Association Between Prenatal Maternal Anxiety Symptoms and Child Cognitive Function, including Postnatal Maternal Anxiety Symptoms

	Model 1	: Prenatal	Anxiety		: Prenatal and ivity Comp	•	Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	0.058	0.339	0.017	-0.051	0.339	-0.015	-0.050	0.335	-0.015	
SES	2.205 <sup>†</sup>	1.146	0.230	1.835	1.144	0.192	1.879 <sup>†</sup>	1.130	0.196	
Parity	-2.432	1.732	-0.121	-1.532	1.762	-0.076	-1.410	1.741	-0.070	
Cohabitation with Child's Father	4.967	4.587	0.090	4.291	4.535	0.078	3.578	4.493	0.065	
Index of Intelligence (WAIS)	0.179 <sup>†</sup>	0.096	0.188	0.155	0.095	0.163	0.150	0.094	0.158	
Obstetric Risk	-1.812	2.844	-0.050	-1.700	2.805	-0.047	-1.731	2.771	-0.048	
Non- Hispanic White	-1.532	3.254	-0.047	-1.820	3.212	-0.056	-2.132	3.176	-0.065	
Latina	-6.353 <sup>†</sup>	3.716	-0.178	-5.688	3.679	-0.160	-5.428	3.635	-0.152	
Gestational Age at Birth (GAB)	0.846	1.041	0.065	0.627	1.032	0.048	0.354	1.028	0.027	
Child Sex (male)	-6.454*	2.487	-0.195	-6.263*	2.454	-0.189	-6.627**	2.431	-0.200	
Postnatal Anxiety	-0.195	0.489	-0.050	-0.107	0.484	-0.027	-0.119	0.478	-0.031	
Prenatal Anxiety	-0.018	0.467	-0.005	-0.084	0.462	-0.024	-0.097	0.456	-0.027	

p < .10

<sup>\*</sup>p<.05.

p < .01. \*\*\*\* p<.001

	Model	1: Prenatal A	nxiety		: Prenatal A and tivity Comp	•	Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Sensitivity Composite		,		2.601*	1.241	0.190	2.704*	1.226	0.197	
Prenatal Anxiety * Sensitivity Composite							0.470*	0.235	0.143	
$R^2$		0.377			0.400			0.419		
F		6.063 ***			6.094 ***			6.086***		

 $B = unstandardized \ coefficient. \ \beta = standardized \ coefficient.$ 

### p < .001

#### Appendix Table 7c

Regression Models Examining the Association Between Prenatal Maternal Perceived Stress and Child Cognitive Function, Including Postnatal Maternal Perceived Stress

	Model 1:	Model 1: Prenatal Perceived Stress			Prenatal Pos s and Sensit Composite		Model 3 : Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	0.066	0.335	0.020	-0.038	0.336	-0.011	-0.012	0.330	-0.004	
SES	1.929	1.140	0.201	1.632	1.138	0.170	1.713	1.119	0.179	
Parity	-2.561	1.720	-0.128	-1.736	1.755	-0.087	-1.704	1.724	-0.085	
Cohabitation with Child's Father	4.476	4.501	0.081	3.932	4.461	0.072	2.283	4.441	0.042	
Index of Intelligence (WAIS)	0.144	0.099	0.151	0.125	0.098	0.132	0.126	0.097	0.133	
Obstetric Risk	-2.455	2.843	-0.067	-2.209	2.815	-0.061	-2.248	2.766	-0.062	
Non-Hispanic White	-2.132	3.195	-0.065	-2.277	3.161	-0.070	-2.956	3.120	-0.091	
Latina	$-7.454^{\dagger}$	3.860	-0.209	$-6.802^{-7}$	3.833	-0.191	-7.292 <sup>†</sup>	3.772	-0.205	
Gestational Age at Birth (GAB)	0.910	1.007	0.069	0.696	1.002	0.053	0.660	0.984	0.050	
Child Sex (male)	-6.443*	2.452	-0.194	-6.257*	2.427	-0.189	-6.943 **	2.404	-0.209	
Postnatal Stress	-0.356	0.389	-0.114	-0.231	0.390	-0.074	-0.151	0.385	-0.049	
Prenatal Stress	-0.094	0.395	-0.033	-0.155	0.392	-0.054	-0.152	0.386	-0.053	
Sensitivity Composite				2.393 <sup>†</sup>	1.248	0.174	2.496*	1.227	0.182	
Prenatal Stress *Sensitivity Composite							0.444*	0.193	0.166	
$R^2$		0.389			0.408			0.433		
F		6.376***			6.299 ***			6.436***		

p < .10

p<.05.
\*\*
p<.01.

 $B = unstandardized \ coefficient. \ \beta = standardized \ coefficient.$ 

#### **Appendix Table 8a**

Regression Models Examining the Association Between Prenatal Maternal <u>Depressive Symptoms</u> and Child <u>Negative Emotionality</u>, Including Postnatal Maternal Depressive Symptoms

		del 1: Prena Depression	tal		del 2: Prena Depression asitivity Con		Model 3: Interaction			
Variable	В	SE B	В	В	SE B	β	В	SE B	В	
Maternal Age	-0.016	0.011	-0.134	-0.016	0.011	-0.134	-0.018	0.011	-0.155	
SES	-0.009	0.041	-0.027	-0.007	0.042	-0.020	-0.008	0.042	-0.023	
Cohabitation with Child's Father	-0.160	0.194	-0.074	-0.162	0.195	-0.074	-0.104	0.195	-0.048	
Index of Intelligence (WAIS)	-0.005	0.003	-0.136	-0.004	0.004	-0.132	-0.004	0.003	-0.112	
Non-Hispanic White	-0.292*	0.127	-0.253	-0.293*	0.128	-0.253	-0.277*	0.126	-0.239	
Latina	0.128	0.149	0.099	0.124	0.151	0.096	0.169	0.150	0.131	
Postnatal Depression	0.028	0.019	0.174	0.028	0.019	0.175	0.030	0.019	0.184	
Prenatal Depression	0.015	0.021	0.091	0.014	0.021	0.088	0.015	0.021	0.090	
Sensitivity Composite				-0.011	0.047	-0.023	-0.013	0.047	-0.025	
Prenatal Depression *Sensitivity Composite							-0.029*	0.015	-0.165	
$R^2$		0.298			0.298			0.324		
F		5.834***			5.148***			5.168***		

 $B = unstandardized \ coefficient. \ \beta = standardized \ coefficient.$ 

#### **Appendix Table 8b**

Regression Models Examining the Association Between Prenatal Maternal <u>Anxiety Symptoms</u> and Child <u>Nesative Emotionality</u>, Including Postnatal Maternal Anxiety Symptoms

	Model 1	: Prenatal	Anxiety		: Prenatal sitivity Co		<b>Model 3: Interaction</b>			
Variable	В	SE B	В	В	SE B	β	В	SE B	β	
Maternal Age	-0.013	0.011	-0.114	-0.013	0.011	-0.114	-0.015	0.011	-0.126	
SES	-0.023	0.041	-0.067	-0.021	0.042	-0.060	-0.021	0.042	-0.061	
Cohabitation with Child–s Father	-0.258	0.192	-0.119	-0.259	0.193	-0.119	-0.250	0.191	-0.115	

<sup>†</sup>p<.10
\*
p<.05.
\*\*
p<.01.
\*\*\*
p<.001

	Model 1	: Prenatal A	Anxiety		: Prenatal A sitivity Con		Model 3: Interaction			
Variable	В	SE B	В	В	SE B	β	В	SE B	β	
Index of Intelligence (WAIS)	-0.005	0.003	-0.145	-0.005	0.004	-0.140	-0.005	0.004	-0.138	
Non-Hispanic White	-0.272*	0.129	-0.235	-0.273*	0.129	-0.236	-0.260*	0.129	-0.225	
Latina	0.128	0.152	0.099	0.123	0.154	0.095	0.123	0.152	0.095	
Postnatal Anxiety	0.028	0.018	0.201	0.028	0.018	0.200	0.031	0.018	0.217	
Prenatal Anxiety	-0.006	0.017	-0.049	-0.007	0.017	-0.052	-0.009	0.017	-0.067	
Sensitivity Composite				-0.013	0.048	-0.026	-0.009	0.048	-0.017	
Prenatal Anxiety *Sensitivity Composite							-0.016	0.010	-0.135	
$R^2$		0.276			0.276			0.294		
F		5.240 ***			4.626 ***			4 499***		

B = unstandardized coefficient.  $\beta = standardized$  coefficient.

#### p<.001

#### **Appendix Table 8c**

Regression Models Examining the Association Between Prenatal Maternal Perceived Stress and Child Negative Emotionality, Including Postnatal Maternal Perceived Stress

	Model 1:	Prenatal F Stress	Perceived		Prenatal I and Sensi Composite	tivity	Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	-0.013	0.011	-0.108	-0.013	0.011	-0.109	-0.014	0.011	-0.117	
SES	-0.017	0.040	-0.050	-0.017	0.041	-0.049	-0.020	0.041	-0.056	
Cohabitation with Child's Father	-0.184	0.189	-0.085	-0.184	0.190	-0.085	-0.136	0.191	-0.062	
Index of Intelligence (WAIS)	-0.002	0.004	-0.072	-0.002	0.004	-0.072	-0.003	0.004	-0.075	
Non-Hispanic White	$-0.222$ <sup><math>\dagger</math></sup>	0.126	-0.192	-0.223 <sup>†</sup>	0.127	-0.192	-0.196	0.127	-0.170	
Latina	0.216	0.157	0.167	0.215	0.159	0.166	0.247	0.159	0.191	
Postnatal Stress	0.013	0.016	0.112	0.013	0.016	0.112	0.012	0.016	0.102	
Prenatal Stress	0.017	0.016	0.155	0.017	0.016	0.155	0.016	0.016	0.149	
Sensitivity Composite				-0.002	0.048	-0.005	0.004	0.047	0.008	
Prenatal Stress Sensitivity Composite							-0.014	0.009	-0.136	

p < .10

<sup>\*</sup>p<.05. p < .01.

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	Model 1	1: Prenatal Pe Stress	erceived		2: Prenatal Poss ss and Sensit Composite		Model 3: Interaction			
Variable	B SEB <b>B</b>		В	SE B	β	В	SE B	β		
$R^2$		0.297			0.297		0.314			
F		5.810***			5.118***		4.946***			

 $B = unstandardized \ coefficient. \ \beta = standardized \ coefficient.$ 

### Appendix Tables 9-10: Analyses of Maternal Care at 6 and 12 months

#### **Appendix Table 9a**

Regression Models Examining the Association Between Prenatal Maternal Psychological Distress and Child Cognitive Function, with Maternal Care at 6 months

	Мо	del 1: Prena Distress	tal	Distre	del 2: Prena ss and Sensi osite at 6 m	tivity	Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	0.050	0.349	0.015	0.014	0.352	0.004	0.051	0.346	0.015	
SES	2.102 <sup>†</sup>	1.160	0.221	1.973 <sup>†</sup>	1.172	0.207	2.024	1.150	0.212	
Parity	-2.224	1.807	-0.110	-2.208	1.810	-0.110	-2.589	1.784	-0.128	
Cohabitation	5.439	4.792	0.098	5.687	4.807	0.102	4.796	4.735	0.086	
Index of Intelligence (WAIS)	0.175 <sup>†</sup>	0.099	0.186	0.158	0.101	0.167	0.138	0.100	0.146	
Obstetric Risk	-2.557	2.995	-0.069	-2.561	2.999	-0.069	-4.123	3.023	0.111	
Non-Hispanic White	-2.660	3.363	-0.081	-2.727	3.368	-0.083	-3.746	3.336	-0.114	
Latina	-6.908 <sup>†</sup>	3.925	-0.191	-6.810 <sup>†</sup>	3.932	-0.188	-7.987*	3.894	-0.221	
Gestational Age at Birth (GAB)	0.294	1.080	0.022	0.092	1.108	0.007	-0.229	1.097	-0.017	
Child Sex (male)	-5.719 <sup>*</sup>	2.586	-0.171	-5.376*	2.621	-0.161	-6.271*	2.602	-0.188	
Prenatal Distress	-1.798	1.686	-0.102	-1.993	1.704	-0.113	-2.467	1.686	-0.140	
Sensitivity Composite 6mo				1.135	1.346	0.074	1.579	1.336	0.102	
Prenatal Distress * Sensitivity Composite 6mo							3.886*	1.710	0.181	
$R^2$		0.383			0.387			0.414		
F		6.252 ***			5.775 ***			5 930 ***		

B = unstandardized coefficient.  $\beta = standardized$  coefficient.

p<.05.

p < .01. \*p<.001

p < .10

#### **Appendix Table 9b**

Regression Models Examining the Association Between Prenatal Maternal Psychological Distress and Child Cognitive Function, with Maternal Care at 12 months

	Model 1	: Prenatal D	istress	and Sensi	: Prenatal D tivity Comp 12 months		Mode	l 3 : Interac	tion
Variable	В	SE B	β	В	SE B	β	В	SE B	β
Maternal Age	0.159	0.385	0.047	0.152	0.377	0.045	0.249	0.375	0.074
SES	1.913	1.221	0.198	1.419	1.216	0.147	1.411	1.198	0.146
Parity	-2.659	1.909	-0.130	-1.414	1.945	-0.069	-1.576	1.920	-0.077
Cohabitation	4.206	4.870	0.073	2.621	4.822	0.045	0.560	4.860	0.010
Index of Intelligence (WAIS)	0.193 <sup>†</sup>	0.103	0.195	0.185 <sup>†</sup>	0.101	0.186	0.171 <sup>†</sup>	0.100	0.172
Obstetric Risk	0.021	3.157	0.001	0.520	3.102	0.014	1.108	3.071	0.029
Non- Hispanic White	-2.254	3.396	-0.068	-2.449	3.330	-0.074	-2.528	3.283	-0.076
Latina	-7.350 <sup>†</sup>	3.901	-0.204	-6.623 <sup>†</sup>	3.837	-0.184	-6.660 <sup>†</sup>	3.783	-0.185
Gestational Age at Birth (GAB)	0.703	1.140	0.049	0.671	1.117	0.047	0.531	1.104	0.037
Child Sex (male)	-7.679**	2.637	-0.227	-7.841**	2.586	-0.232	-7.982**	2.550	-0.236
Prenatal Distress	-1.551	1.757	-0.082	-0.913	1.744	-0.048	-0.738	1.721	-0.039
Sensitivity Composite 12mo				2.141	0.915*	0.215	1.950*	0.907	0.196
Prenatal Distress * Sensitivity Composite 12mo							1.844*	0.905	0.158
$R^2$		0.376			0.406			0.428	
F		6.027 ***			6.207 ***			6.215 ***	

B = unstandardized coefficient.  $\beta = standardized$  coefficient.

p<.05.

p < .01.

<sup>\*\*\*\*</sup> p<.001

#### **Appendix Table 10a**

Regression Models Examining the Association Between Prenatal Maternal Psychological Distress and Child <u>Negative Emotionality</u>, with Maternal Care at <u>6 months</u>

	Model 1	: Prenatal I	Distress		: Prenatal I itivity Comp 6 months		Mode	el 3: Interac	tion
Variable	В	SE B	β	В	SE B	β	В	SE B	β
Maternal Age	-0.019	0.012	-0.156	-0.018	0.012	-0.150	-0.017	0.012	-0.142
SES	-0.008	0.041	-0.023	-0.001	0.042	-0.002	-0.004	0.041	-0.010
Cohabitation	-0.225	0.202	-0.099	-0.259	0.205	-0.115	-0.270	0.202	-0.119
Index of Intelligence (WAIS)	-0.004	0.003	-0.117	-0.004	0.004	-0.103	-0.004	0.003	-0.107
Non-Hispanic White	-0.234 <sup>†</sup>	0.130	-0.199	-0.248 <sup>†</sup>	0.131	-0.211	-0.239 <sup>†</sup>	0.130	-0.203
Latina	0.140	0.157	0.105	0.112	0.160	0.084	0.132	0.158	0.099
Prenatal Distress	0.159*	0.062	0.249	0.158*	0.062	0.247	0.156*	0.061	0.244
Sensitivity Composite 6mo				-0.052	0.053	-0.090	-0.076	0.054	-0.132
Prenatal Distress * Sensitivity Composite 6mo							-0.131 <sup>†</sup>	0.069	-0.162
$R^2$		0.308			0.314			0.338	
F		6.536***			5.838 ***			5.726***	

B = unstandardized coefficient.  $\beta = standardized$  coefficient.

#### **Appendix Table 10b**

Regression Models Examining the Association Between Prenatal Maternal Psychological Distress and Child <u>Negative Emotionality</u>, with Maternal Care at <u>12 months</u>

	Model 1:	Prenatal 1	Distress	Model 2: and Sensi	Prenatal tivity Com 12 mo		Model 3 : Interaction		
Variable	В	SE B	β	В	SE B	β	В	SE B	β
Maternal Age	-0.009	0.012	-0.073	-0.007	0.012	-0.063	-0.012	0.012	-0.099
SES	-0.026	0.042	-0.074	-0.032	0.044	-0.089	-0.030	0.043	-0.085
Cohabitation	-0.180	0.198	-0.080	-0.189	0.199	-0.084	-0.120	0.199	-0.053
Index of Intelligence (WAIS)	-0.004	0.004	-0.103	-0.004	0.004	-0.109	-0.003	0.004	-0.093
Non-Hispanic White	-0.265*	0.131	-0.226	-0.268*	0.132	-0.228	-0.25 <sup>†</sup>	0.130	-0.214
Latina	0.203	0.156	0.155	0.208	0.157	0.159	0.242	0.156	0.185

p < .10

<sup>\*</sup>p<.05.

p < .01.

<sup>\*\*\*</sup> p<.001

	Model 1	: Prenatal l	Distress		: Prenatal I itivity Com 12 mo		Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Prenatal Distress	0.147*	0.065	0.217	0.153*	0.066	0.226	0.159*	0.066	0.234	
Sensitivity Composite 12mo				0.018	0.035	0.049	0.034	0.035	0.093	
Prenatal Distress * Sensitivity Composite 12mo							-0.076*	0.038	-0.176	
$R^2$		0.305			0.307			0.334		
F		6.399 ***			5.593 ***			5.564 ***		

 $B = unstandardized \ coefficient. \ \beta = standardized \ coefficient.$ 

## Appendix Tables 11-12: Maternal Sensitivity Subscale Analyses (Sensitivity to Nondistress, Intrusiveness Reverse-Scored, Positive Regard)

#### **Appendix Table 11a**

Regression Model Examining Maternal <u>Sensitivity to Nondistress</u> as a Moderator of the Association Between Prenatal Distress and Child <u>Cognitive Function</u>

	Mod	el 1: Prena Distress	atal	Distress	el 2: Pren s and Sens Nondistre	sitivity	Model 3 : Interaction			
Variable	В	SE B	В	В	SE B	β	В	SE B	β	
Maternal Age	0.038	0.334	0.011	-0.104	0.330	-0.031	-0.093	0.326	-0.028	
SES	2.159 <sup>†</sup>	1.139	0.225	1.627	1.129	0.170	1.635	1.113	0.171	
Parity	-2.503	1.728	-0.125	-1.459	1.730	-0.073	-1.481	1.706	-0.074	
Cohabitation with Child's Father	4.281	4.612	0.078	3.678	4.505	0.067	1.888	4.522	0.034	
Index of Intelligence (WAIS)	0.166 <sup>†</sup>	0.097	0.174	0.139	0.095	0.146	0.129	0.093	0.135	
Obstetric Risk	-1.925	2.831	-0.053	-1.435	2.768	-0.039	-1.242	2.731	-0.034	
Non-Hispanic White	-1.764	3.191	-0.054	-1.435	3.116	-0.044	-1.921	3.081	-0.059	
Latina	$-6.728^{\dagger}$	3.747	-0.189	-5.478	3.686	-0.154	-5.920	3.640	-0.166	
Gestational Age at Birth (GAB)	0.863	1.017	0.066	0.632	0.996	0.048	0.464	0.985	0.035	
Child Sex (male)	-6.473 *	2.464	-0.195	-5.463 *	2.434	-0.165	-5.965*	2.411	-0.180	
Prenatal Distress	-1.376	1.616	-0.079	-1.324	1.577	-0.076	-1.403	1.555	-0.080	

<sup>†</sup> p < .10
\*
p < .05.
\*\*
p < .01.
\*\*\*
p < .001

	M	odel 1: Prenata Distress	al	Distres	lel 2: Prena s and Sensi Nondistres	itivity	Model 3 : Interaction			
Variable	В	SE B	В	В	SE B	β	В	SE B	β	
Sensitivity to Nondistress				7.622**	2.857	0.241	8.227**	2.831	0.260	
Prenatal Distress* Sensitivity to Nondistress							5.485*	2.598	0.151	
$R^2$		0.379			0.414			0.435		
F		6.715 ***		7	.060 ***			7.048 ***		

B = unstandardized coefficient.  $\beta$ = standardized coefficient.

#### Appendix Table 11b

Regression Model Examining Maternal <u>Intrusiveness Reverse-Scored</u> as a Moderator of the Association Between Prenatal Distress and Child <u>Cognitive Function</u>

	Mod	lel 1: Prena Distress	atal		Prenatal l siveness R Scored		Model 3 : Interaction				
Variable	В	SE B	В	В	SE B	β	В	SE B	β		
Maternal Age	0.038	0.334	0.011	0.008	0.333	0.002	0.002	0.335	0.001		
SES	2.159 <sup>†</sup>	1.139	0.225	1.916 <sup>†</sup>	1.145	0.200	1.956 <sup>†</sup>	1.158	0.204		
Parity	-2.503	1.728	-0.125	-1.763	1.788	-0.088	-1.772	1.795	-0.088		
Cohabitation with Child's Father	4.281	4.612	0.078	2.720	4.705	0.049	2.599	4.743	0.047		
Index of Intelligence (WAIS)	0.166 <sup>†</sup>	0.097	0.174	0.148	0.097	0.156	0.149	0.097	0.156		
Obstetric Risk	-1.925	2.831	-0.053	-2.226	2.824	-0.061	-2.210	2.835	-0.061		
Non-Hispanic White	-1.764	3.191	-0.054	-2.295	3.195	-0.070	-2.277	3.208	-0.070		
Latina	$-6.728^{\dagger}$	3.747	-0.189	$-7.197^{\dagger}$	3.741	-0.202	-7.238 <sup>†</sup>	3.759	-0.203		
Gestational Age at Birth (GAB)	0.863	1.017	0.066	0.776	1.014	0.059	0.800	1.021	0.061		
Child Sex (male)	-6.473 <sup>*</sup>	2.464	-0.195	-6.717**	2.457	-0.203	-6.808**	2.488	-0.205		
Prenatal Distress	-1.376	1.616	-0.079	-1.624	1.616	-0.093	-1.675	1.633	-0.096		
Intrusiveness Reverse- Scored				4.403	2.937	0.128	4.174	3.059	0.121		
Prenatal Distress * Intrusiveness							0.977	3.497	0.022		

<sup>†</sup> p < .10
\* p < .05.
\*\*
p < .01.
\*\*\*
p < .01.

	Me	odel 1: Prena Distress	tal		2: Prenatal D trusiveness Re Scored		Model 3 : Interaction			
Variable	В	SE B	В	В	SE B	β	В	SE B	β	
Reverse- Scored										
$R^2$		0.379			0.390		0.391			
F	6.715 ***				6.406***		5.874***			

 $B = unstandardized \ coefficient. \ \beta = standardized \ coefficient.$ 

#### **Appendix Table 11c**

Regression Model Examining Maternal <u>Positive Regard</u> as a Moderator of the Association Between Prenatal Distress and Child <u>Cognitive Function</u>

	Mo	del 1: Prena Distress	tal		: Prenatal E Positive Reg		Mode	el 3: Interac	tion
Variable	В	SE B	В	В	SE B	β	В	SE B	β
Maternal Age	0.038	0.334	0.011	0.011	0.336	0.003	0.092	0.334	0.028
SES	2.159 <sup>†</sup>	1.139	0.225	2.110 †	1.143	0.220	$2.099^{\dagger}$	1.128	0.219
Parity	-2.503	1.728	-0.125	-2.425	1.734	-0.121	-2.627	1.713	-0.131
Cohabitation with Child's Father	4.281	4.612	0.078	4.728	4.659	0.086	3.989	4.609	0.073
Index of Intelligence (WAIS)	0.166 <sup>†</sup>	0.097	0.174	0.164 †	0.097	0.172	0.152	0.096	0.160
Obstetric Risk	-1.925	2.831	-0.053	-1.816	2.840	-0.050	-2.281	2.810	-0.063
Non-Hispanic White	-1.764	3.191	-0.054	-1.753	3.197	-0.054	-2.491	3.174	-0.076
Latina	-6.728 <sup>†</sup>	3.747	-0.189	-6.319 <sup>†</sup>	3.794	-0.177	$-6.571^{\circ}$	3.745	-0.185
Gestational Age at Birth (GAB)	0.863	1.017	0.066	0.792	1.023	0.060	0.503	1.019	0.038
Child Sex (male)	-6.473*	2.464	-0.195	-6.452*	2.469	-0.195	-6.201*	2.438	-0.187
Prenatal Distress	-1.376	1.616	-0.079	-1.219	1.633	-0.070	-1.059	1.613	-0.060
Positive Regard				2.006	2.691	0.059	1.486	2.666	0.044
Prenatal * Distress * Positive Regard							5.768*	2.768	0.154
$R^2$		0.379			0.382			0.404	
F		6.715 ***			6.179***			6.197***	

B = unstandardized coefficient.  $\beta$ = standardized coefficient.

<sup>†</sup> p < .10
\*
p < .05.
\*\*
p < .01.
\*\*\*
p < .001

p < .10\* p < .05.
\*\* p < .01.

\*\*\* p<.001

#### **Appendix Table 12a**

Regression Model Examining Maternal <u>Sensitivity to Nondistress</u> as a Moderator of the Association Between Prenatal Distress and Child <u>Negative Emotionality</u>

	Mod	lel 1: Prena Distress	ital	Distre	del 2: Prena ss and Sensi Nondistres	tivity	Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	-0.012	0.011	-0.105	-0.012	0.011	-0.105	-0.014	0.011	-0.120	
SES	-0.023	0.041	-0.065	-0.022	0.042	-0.062	-0.019	0.042	-0.054	
Cohabitation with Child's Father	-0.172	0.193	-0.079	-0.174	0.194	-0.080	-0.141	0.193	-0.065	
Index of Intelligence (WAIS)	-0.003	0.003	-0.100	-0.003	0.004	-0.097	-0.003	0.004	-0.090	
Non-Hispanic White	-0.258*	0.127	-0.223	-0.259*	0.128	-0.224	-0.235 <sup>†</sup>	0.127	-0.203	
Latina	0.152	0.152	0.117	0.149	0.154	0.115	0.187	0.154	0.145	
Prenatal Distress	0.125*	0.060	0.201	0.124*	0.061	0.200	0.127*	0.060	0.205	
Sensitivity to Nondistress				-0.013	0.109	-0.011	-0.026	0.108	-0.022	
Prenatal Distress Sensitivity to Nondistress							-0.214 <sup>†</sup>	0.116	-0.151	
$R^2$		0.280			0.280			0.302		
F		6.173 ***			5.355 ***			5.246***		

B = unstandardized coefficient.  $\beta$ = standardized coefficient.

#### Appendix Table 12b

Regression Model Examining Maternal <u>Intrusiveness Reverse-Scored</u> as a Moderator of the Association Between Prenatal Distress and Child <u>Negative Emotionality</u>

	Mod	el 1: Prena Distress	atal	D	el 2: Prensistress and veness Re Scored	l	Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	-0.012	0.011	-0.105	-0.013	0.011	-0.109	-0.010	0.011	-0.088	
SES	-0.023	0.041	-0.065	-0.017	0.042	-0.050	-0.030	0.042	-0.087	
Cohabitation with Child's Father	-0.172	0.193	-0.079	-0.154	0.196	-0.071	-0.076	0.198	-0.035	
Index of Intelligence (WAIS)	-0.003	0.003	-0.100	-0.003	0.004	-0.088	-0.003	0.004	-0.085	
Non-Hispanic White	-0.258*	0.127	-0.223	-0.255*	0.128	-0.221	-0.267*	0.126	-0.231	

p < .10

p<.05.

<sup>\*\*</sup> p < .01.

p<.001

	Мо	del 1: Prena Distress	tal	]	del 2: Prena Distress and siveness Rev Scored		Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Latina	0.152	0.152	0.117	0.155	0.153	0.120	0.153	0.151	0.118	
Prenatal Distress	0.125*	0.060	0.201	0.126*	0.060	0.203	0.142*	0.060	0.228	
Intrusiveness Reverse-Scored				-0.073	0.128	-0.052	0.020	0.136	0.014	
Prenatal Distress *Intrusiveness Reverse-Scored							-0.262 <sup>†</sup>	0.142	-0.166	
$R^2$		0.280			0.282			0.304		
F		6.173 ***			5.409 ***			5.295 ***		

B = unstandardized coefficient.  $\beta = standardized$  coefficient.

#### **Appendix Table 12c**

Regression Model Examining Maternal Positive Regard as a Moderator of the Association Between Prenatal Distress and Child Negative Emotionality

	Model 1: Prenatal Distress				del 2: Prena ress and Posi Regard		Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	-0.012	0.011	-0.105	-0.012	0.011	-0.105	-0.014	0.012	-0.124	
SES	-0.023	0.041	-0.065	-0.023	0.041	-0.067	-0.022	0.041	-0.062	
Cohabitation with Child's Father	-0.172	0.193	-0.079	-0.166	0.196	-0.076	-0.174	0.196	-0.080	
Index of Intelligence (WAIS)	-0.003	0.003	-0.100	-0.003	0.003	-0.100	-0.003	0.003	-0.099	
Non-Hispanic White	-0.258*	0.127	-0.223	-0.258*	0.128	-0.223	-0.238 <sup>†</sup>	0.129	-0.206	
Latina	0.152	0.152	0.117	0.158	0.155	0.122	0.171	0.156	0.132	
Prenatal Distress	0.125*	0.060	0.201	0.127*	0.062	0.205	0.119 <sup>†</sup>	0.062	0.192	
Positive Regard				0.022	0.108	0.018	0.022	0.108	0.018	
Prenatal Distress * Positive Regard							-0.127	0.128	-0.083	
$R^2$		0.280			0.280			0.287		
F		6.173 ***			5.360***			4.873 ***		

B = unstandardized coefficient.  $\beta$ = standardized coefficient.

p < .10

p<.05.
\*\*
p<.01.
\*\*\*
p<.001

 $<sup>^{\</sup>dagger}p$  < .10

<sup>\*</sup> p< .05.

<sup>\*\*</sup> p < .01.

\*\*\* p<.001

### Appendix Table 13: Main Analyses Including Postnatal Maternal Distress

#### Appendix Table 13a

Regression Models Examining the Association Between Prenatal Maternal Psychological Distress and Child <u>Cognitive Function</u>, <u>Including Postnatal Maternal Distress</u>

	Mod	del 1: Prena Distress	tal	Distre	del 2: Prena ss and Sensi Composite		Model 3 : Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	В	
Maternal Age	0.072	0.338	0.022	-0.035	0.338	-0.011	-0.018	0.332	-0.005	
SES	$2.036^{\dagger}$	1.154	0.213	1.692	1.151	0.177	1.769	1.133	0.185	
Parity	-2.484	1.731	-0.124	-1.619	1.760	-0.081	-1.618	1.731	-0.081	
Cohabitation	4.675	4.652	0.085	4.029	4.603	0.073	2.193	4.601	0.040	
Index of Intelligence (WAIS)	0.172 <sup>†</sup>	0.097	0.180	0.148	0.096	0.156	0.135	0.095	0.141	
Obstetric risk	-2.023	2.840	-0.056	-1.869	2.804	-0.051	-1.986	2.758	-0.054	
Non-Hispanic White	-1.551	3.211	-0.048	-1.794	3.171	-0.055	-2.468	3.134	-0.076	
Latina	-6.690 <sup>†</sup>	3.755	-0.188	-6.038	3.720	-0.170	$-6.532^{\dagger}$	3.666	-0.183	
Gestational Age at Birth (GAB)	0.820	1.021	0.063	0.616	1.012	0.047	0.437	0.999	0.033	
Child sex (male)	-6.401*	2.471	-0.193	-6.199*	2.441	-0.187	-6.660**	2.410	-0.201	
Postnatal Distress	-1.701	2.334	-0.095	-1.224	2.316	-0.068	-1.080	2.279	-0.060	
Prenatal Distress	0.014	2.503	0.001	-0.303	2.475	-0.017	-0.543	2.437	-0.031	
Sensitivity Composite				2.533*	1.239	0.185	2.700*	1.221	0.197	
Prenatal Distress * Sensitivity Composite							2.796*	1.249	0.161	
$R^2$		0.382			0.403			0.427		
F		6.176***			6.173 ***			6.283 ***		

 $B = unstandardized \ coefficient. \ \beta = standardized \ coefficient.$ 

p < .10

p<.05.

<sup>\*\*</sup> p < .01.

<sup>\*\*\*\*</sup> p< .001

**Appendix Table 13b** 

Regression Models Examining the Association Between Prenatal Maternal Psychological Distress and Child Negative Emotionality, Including Postnatal Maternal Distress

	Mo	del 1: Prena Distress	ital	Distre	del 2: Prena ss and Sensi Composite		Model 3: Interaction			
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	-0.014	0.011	-0.121	-0.014	0.011	-0.122	-0.016	0.011	-0.138	
SES	-0.013	0.041	-0.037	-0.012	0.042	-0.033	-0.013	0.042	-0.037	
Cohabitation with Child's Father	-0.195	0.192	-0.090	-0.196	0.193	-0.090	-0.145	0.192	-0.067	
Index of Intelligence (WAIS)	-0.004	0.003	-0.119	-0.004	0.004	-0.117	-0.004	0.004	-0.108	
Non-Hispanic White	-0.265*	0.127	-0.230	-0.266*	0.127	-0.230	-0.240 <sup>†</sup>	0.126	-0.208	
Latina	0.158	0.152	0.122	0.156	0.153	0.120	0.190	0.152	0.146	
Postnatal Distress	0.122	0.084	0.194	0.122	0.084	0.194	0.123	0.083	0.196	
Prenatal Distress	0.030	0.089	0.048	0.029	0.089	0.047	0.031	0.088	0.050	
Sensitivity Composite				-0.007	0.047	-0.013	-0.002	0.047	-0.003	
Prenatal Distress * Sensitivity Composite							-0.105*	0.052	-0.165	
$R^2$		0.294			0.294			0.320		
F		5.718***			5.039 ***			5.076***		

B = unstandardized coefficient. β= standardized coefficient.

#### References

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p < .10

p< .05.

p < .01. p<.001

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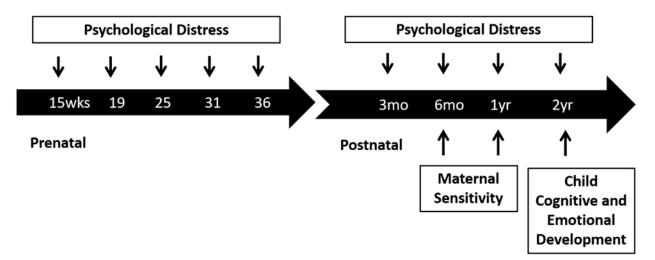
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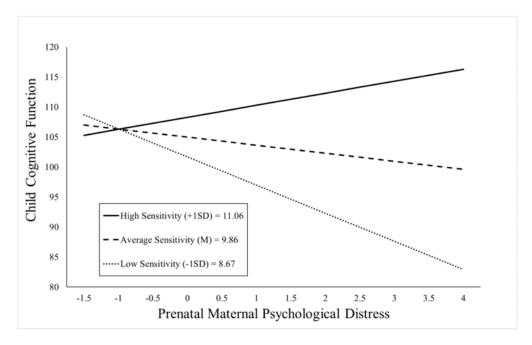
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**Figure 1.** Study timeline



**Figure 2.**Maternal sensitivity composite was analyzed as a continuous variable using regression, but for illustrative purposes are depicted here as low (1 *SD* below the mean), average (at the mean), and high (1 *SD* above the mean) levels of maternal sensitivity. Prenatal maternal distress (on the x-axis) is the standardized composite of anxiety, depressive symptoms, and perceived stress scores. Children exposed to elevated prenatal maternal distress did not exhibit impaired cognitive function at age 2 if they received higher quality maternal caregiving.

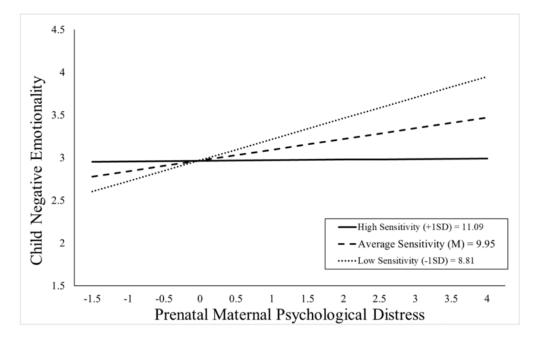


Figure 3. Maternal sensitivity composite was analyzed as a continuous variable using regression, but for illustrative purposes are depicted here as low (1 SD below the mean), average (at the mean), and high (1 SD above the mean) levels of maternal sensitivity. Prenatal maternal distress (on the x-axis) is the standardized composite of anxiety, depressive symptoms, and perceived stress scores. Children exposed to elevated prenatal maternal distress did not exhibit high negative emotionality at age 2 if they received higher quality maternal caregiving.

Table 1

#### Sample Characteristics

Maternal Characteristics (N = 136)	( <i>M</i> ± SD) (range) or (%)*
Age at Delivery	30.28 ± 5.08 (19.06 – 44.63)
Cohabitating with Child's Father	91.0
Primiparous	43.4
Ethnicity	
Non-Hispanic White	50.7
Latina	29.4
African American or Black	2.9
Asian	8.1
Multi-Ethnic	8.8
Household Income	
\$0-\$30,000	20.6
\$30,001-\$60,000	25.7
\$60,001-\$100,000	33.8
Over \$100,000	19.9
Years of Education	$15.99 \pm 2.35 (9 - 19)$
Obstetric Complications Sum Score	$0.34 \pm 0.56 \ (0-2)$
Maternal Sensitivity Composite (6 months)	$9.98 \pm 1.06  (6.5 - 12.0)$
Maternal Sensitivity Composite (12 months)	$9.67 \pm 1.67 \ (4.5 - 12.0)$
Child Characteristics ( $N = 136$ )	
Sex (% Male)	58.1, n=79
Apgar Score (5 min)	$9.00 \pm 0.27 \ (8-10)$
Gestational Age at Birth (GAB)	$39.44 \pm 1.26  (35.29 - 42.57)$
Birth Weight Percentile ***	$52.77 \pm 27.90 (1 - 99)$
Mental Developmental Index (MDI)	$97.71 \pm 16.39 (54 - 140)$
Negative Affectivity (ECBQ)	$2.80 \pm 0.58 \; (1.38 - 5.08)$

<sup>\*</sup>Values presented as (means  $\pm$  SD) or (%) where applicable

<sup>\*\*</sup>Birth weight percentile was calculated according to the infant's sex and gestational age at birth.

 Table 2

 Regression Model Examining the Association Between Prenatal Maternal Psychological Distress, Maternal

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	Mod	Model 1: Prenatal Distress			Model 2: Prenatal Distress and Sensitivity Composite			Model 3: Interaction		
Variable	В	SE B	В	В	SE B	β	В	SE B	β	
Maternal Age	0.038	0.334	0.011	-0.062	0.333	-0.019	-0.042	0.327	-0.013	
SES	2.159 <sup>†</sup>	1.139	0.225	1.771	1.138	0.185	1.839	1.120	0.192	
Parity	-2.503	1.728	-0.125	-1.610	1.755	-0.080	-1.610	1.726	-0.080	
Cohabitation with Child's Father	4.281	4.612	0.078	3.732	4.554	0.068	1.920	4.550	0.035	
Index of Intelligence (WAIS)	0.166	0.097	0.174	0.144	0.096	0.151	0.130	0.094	0.137	
Obstetric Risk	-1.925	2.831	-0.053	-1.795	2.792	-0.049	-1.921	2.746	-0.053	
Non-Hispanic White	-1.764	3.191	-0.054	-1.951	3.148	-0.060	-2.611	3.109	-0.080	
Latina	-6.728 <sup>†</sup>	3.747	-0.189	-6.048	3.709	-0.170	-6.544 <sup>†</sup>	3.654	-0.184	
Gestational Age at Birth (GAB)	0.863	1.017	0.066	0.641	1.008	0.049	0.458	0.995	0.035	
Child Sex (male)	-6.473*	2.464	-0.195	-6.244*	2.432	-0.188	-6.703 **	2.400	-0.202	
Prenatal Distress	-1.376	1.616	-0.079	-1.301	1.594	-0.074	-1.425	1.568	-0.081	
Sensitivity Composite				2.599*	1.229	0.190	2.759*	1.211	0.201	
Prenatal Distress *Sensitivity Composite							2.813*	1.245	0.161	
$R^2$		0.379			0.401			0.426		
F		6.715 ***			6.705 ***			6.794***		

B = unstandardized coefficient.  $\beta$ = standardized coefficient.

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Care and Child Cognitive Function

 $<sup>^{\</sup>dagger}p < .10$ 

<sup>\*</sup>p<.05.

<sup>\*\*</sup> p < .01.

<sup>\*\*\*</sup> p< .001

Table 3

Regression Model Examining the Association Between Prenatal Maternal Psychological Distress, Maternal Care and Child Negative Emotionality

	Mod	Model 1: Prenatal Distress			Model 2: Prenatal Distress and Sensitivity Composite			Model 3: Interaction		
Variable	В	SE B	β	В	SE B	β	В	SE B	β	
Maternal Age	-0.012	0.011	-0.105	-0.012	0.011	-0.105	-0.014	0.011	-0.121	
SES	-0.023	0.041	-0.065	-0.021	0.042	-0.061	-0.023	0.041	-0.065	
Cohabitation with Child's Father	-0.172	0.193	-0.079	-0.173	0.194	-0.080	-0.122	0.193	-0.056	
Index of Intelligence (WAIS)	-0.003	0.003	-0.100	-0.003	0.004	-0.097	-0.003	0.003	-0.087	
Non-Hispanic White	-0.258*	0.127	-0.223	-0.258*	0.128	-0.224	$-0.233^{ 7}$	0.127	-0.201	
Latina	0.152	0.152	0.117	0.148	0.154	0.114	0.182	0.153	0.141	
Prenatal Distress	0.125*	0.060	0.201	0.124*	0.061	0.199	0.126*	0.060	0.204	
Sensitivity Composite				-0.008	0.048	-0.016	-0.003	0.047	-0.006	
Prenatal Distress * Sensitivity Composite							-0.105*	0.052	-0.164	
$R^2$		0.280			0.280			0.306		
F		6.173 ***			5.358***			5.342***		

 $B = unstandardized \ coefficient. \ \beta = standardized \ coefficient.$ 

p < .10

<sup>\*</sup>p<.05.

<sup>\*\*</sup> p < .01.

<sup>\*\*\*</sup> p<.001